

Site Accreditation Report – New Dawn Center

Completed: April 2020

Levels of Care Reviewed:

Substance Use Disorder (SUD) Services

Clinically Managed Low-Intensity Residential Treatment Program (3.1)

Review Process: New Dawn Center was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota (ARSD) and Contract Attachments. The following information was derived from the accreditation survey of your agency. This report includes strengths, recommendations, and citations for Plans of Corrections and results from reviewing policies and procedures, personnel and case file records, and conducting interviews with clients, administration, and agency staff.

Administrative Review Score: 93.3%

Combined Client Chart Review Score: 82.9%

Cumulative Score: 85.2%

ADMINISTRATIVE REVIEW SUMMARY

Strengths: The agency's policies and procedures manual is organized and concise. Under the new leadership there has been enhanced staff training and implementation of evidence-based practices. The agency has been working on community relations. New Dawn has partnered with Department of Labor to provide education to clients regarding employment. Staff report leadership has an open-door policy and a collaborative relationship.

Recommendations: None

Plan of Correction:

1. The SUD agency shall provide orientation for all employees, including contracted staff providing direct clinical services, interns and volunteers within 10 working days after employment. The orientation shall be documented per ARSD67:61:05:05. The personnel files reviewed did not have documentation that all areas of orientation were completed within 10 days of hire. The agency should ensure all the following areas are completed within 10 days of hire:
 - a) Fire prevention and safety, including the location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, an explanation of the fire evacuation plan, and agency's smoking policy;

- b) The confidentiality of all information about clients, including a review of the confidentiality of alcohol and drug abuse patient records, 42 C.F.R. Part 2 (June 9, 1987), and the security and privacy of HIPPA, 45 C.F.R. Parts 160 and 164 (April 17, 2003)
 - c) The proper maintenance and handling of client case records;
 - d) The agency's philosophical approach to treatment and the agency's goals;
 - e) The procedures to follow in the even of a medical emergency or natural disaster;
 - f) The specific job description and responsibilities of employees;
 - g) The agency's policies and procedure manual maintained in accordance with §67:61:04:01; and
 - h) The agency's procedures regarding the reporting of cases of suspected child abuse or neglect in accordance with SDCL 26-8A-3 and 26-8A-8
2. According to ARSD 67:61:05:01 (01), each new staff member, intern, and volunteer shall receive the two-step method of tuberculin skin test or a TB blood assay test to establish a baseline within 14 days of employment. Any two documented tuberculin skin tests completed within a 12-month period before the date of employment can be considered a two-step or one TB blood assay test completed within a 12-month period before employment can be considered an adequate baseline test. Skin testing or TB blood assay tests are not required if a new staff, intern or volunteer provides documentation of the last skin testing completed within the prior 12 months. Skin testing or TB blood assay tests are not required if documentation is provided of a previous position reaction to either test. In review of the personnel files, two out of two files reviewed, the TB test was not completed within 14 days of hire. The agency should implement a policy to ensure the TB testing is completed within 14 days of hire or 12 months prior to hire.

CLIENT CHART REVIEW SUMMARY

Strengths: The clients interviewed shared positive feedback regarding the services provided by the agency. Clients report the agency is a place that staff care about them and listen to them. One client stated there has been a lot of positive changes with the new management. Clients reported positive feedback regarding individual counseling sessions. The new administration has brought in new materials for the clients and treatment is client focused. The clients are receiving more hours than are required, and necessary paperwork is completed on time. The TB screenings and admission medical exams were completed on all charts reviewed.

Recommendations:

1. According to ARSD 67:61:07:08, a progress note must be included in the file for each billable service provided. Progress notes must include the following for the services to be billed:
 - A brief assessment of the client's functioning. Progress notes contained the description "no progress made", the description of the client's functioning should be more

individualized to the client. In addition, two out of eight charts reviewed were missing the brief assessment of the client's functioning.

- A brief description of what the client and provider plan to work on during the next session, including work that may occur between sessions. Four out of eight charts reviewed did not have an individualized plan of what the client and provider plan to work on during the next session.
2. According to ARSD 67:61:07:10, an addiction counselor or counselor trainee shall complete a transfer or discharge summary for any client within five working days after the client is discharged regardless of the reason for discharge. Two out of eight charts reviewed the discharge summary was not completed within five working days.

When a client prematurely discontinues services, reasonable attempts shall be made and documented by the agency to re-engage the client into services if appropriate. Two out of eight charts reviewed did not contain documented attempts to re-engage the client into services.

Plan of Correction:

1. Annual Financial Eligibility and Means Testing forms need to be completed, if applicable per Contract Attachment & Annual Division Memo. The form utilized in six charts contained the year 2018. Ensure the correct year is on the form being utilized. Six out of eight charts reviewed did not have the correct year.
2. According to ARSD 67:61:07:07, the program shall document for each client the progress and reasons for retaining the client at the present level of care; and an individualized plan of action to address the reasons for retaining the individual in the present level of care. This document is maintained in the client case record. It is appropriate to retain the client at the present level of care if:
 - a. The client is making progress but has not yet achieved the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
 - b. The client is not yet making progress but has the capacity to resolve his or her problems. He or she is actively working toward the goals articulated in the individualized treatment plan. Continued treatment at the present level of care is assessed as necessary to permit the client to continue to work toward his or her treatment goals; or
 - c. New problems have been identified that are appropriately treated at the present level of care. The new problem or priority requires services, the frequency and intensity of which can only safely be delivered by continued stay in the current level of care. The level of care in which the client is receiving treatment is therefore, the least intensive level at which the client's new problems can be addressed effectively.

In review of the continued service criteria, five out of eight charts did not contain the progress and reasons for retaining the client in the present level of care. Six out of eight charts did not have an individualized plan. The agency should ensure these areas are addressed in the continued service review.

